

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003086**

1. Entity Name

BOCA RATON YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1322 N.W. 14TH COURT
BOCA RATON FL 334861322 N.W. 14TH COURT
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0844201

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUDIOSI, JOHN
3801 NORTH FEDERAL HWY.
POMPANO BEACH FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PMD** ☐ Delete
NAME **TOZZI, ELLEN**
STREET ADDRESS **1322 N.W. 14TH COURT**
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SALOMEN ROMANO**
STREET ADDRESS **7849 CYPRESS CRESCENT**
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE **D** ☐ Delete
NAME **LORATIN, GWEN**
STREET ADDRESS **21100 95 AVE SOUTH**
CITY-ST-ZIP **BOCA RATON FL 33428**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GAUDIOSI, JOHN**
STREET ADDRESS **3801 NORTH FEDERAL HWY.**
CITY-ST-ZIP **POMPANO BEACH FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ISAACSON, ROBIN**
STREET ADDRESS **20755 EAGLE CREEK COURT**
CITY-ST-ZIP **BOCA RATON FL 33498**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SILVERMAN, HARRY**
STREET ADDRESS **6211 GREENVIEW TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LIEBER, GARY**
STREET ADDRESS **7489 MARTINIQUE BLVD**
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*SIGNATURE REQUIRED *Tozzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-02

Daytime Phone #

561-361-0033

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90061 002 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)